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Date: March 28, 2006

To: Examiner Chism, Billy Dell	Fax: (571) 273-8300	<input type="checkbox"/> Use this fax number only
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From: Pamela J. Sherwood	Phone: (650) 833-7790	Return Fax: (650) 327-3231
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Fax Contains: 59 pages (including this sheet). If incomplete, please call Susan M. Alessi at (650) 833-7714.		
Message: As we discussed last week, attached please find a courtesy copy of an RCE filed for the above identified application.		

Ref: STAN-299

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/818,720
		Filing Date	April 1, 2004
		First Named Inventor	NUSSE, ROELAND
		Examiner Name	CHISM, BILLY DELL
		Art Unit	1654
TOTAL AMOUNT OF PAYMENT (\$) 525		Attorney Docket No.	STAN-299

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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	=	=		=	=
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	=		=	=
- 3 or HP =	x	=	=	=		=	=
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other: <u>RCE fee & petition fee</u>							<u>\$525-</u>

SUBMITTED BY		
Signature <u>Pamela J. Sherwood</u>	Registration No. (Attorney/Agent) <u>36,677</u>	Telephone (650) 327-3400
Name (Print/Type) <u>Pamela J. Sherwood</u>	Date <u>03/28/2008</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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